

www.mass.gov/abcc

LICENSE NUN	MBER: 066400003		CITY OR TOWN	MARSHFIELD		
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NA DOING BUSIN	ME: DISABLED AMERIC JESS A	CAN VETS CHP	Γ 35			
ADDRESS DY	KE RD.					
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE:	02020		
	TOMASELLO, TYPE JOSEPH C.	OF LICENSE: V	eterans club CA	ATEGORY: All Alcohol		
EMAIL ADDR	ESS:					
DECORIDATION	PLEASE ALSO VISIT OUR WEBSI		EMAIL ADDRESS			
	N OF LICENSED PREMISES		E CONSTRUCTION			
	ON DYKE rd. REAR EXIT FLOOR AND SECOND FLO AR					
I hereby certify	and swear under penalties of	perjury that:				
1. the r	renewed license will be of the	same type for the	e same premises now	licensed;		
2. the 1	icensee has complied with all	laws of the Com	monwealth relating to	o taxes; and		
3. the p	premises are now open for bu	siness (If not exp	lain below)			
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer			
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER	DENTIFICATION NUMBER:		
			(Note: NOT Ind	lividual Social Security Number)		
Acts of 2004, s	signed, attest that we are in signed by the building inspe and (2) the certificate of liq	ctor and the hea	d of the fire departi	nent for the above		
Please Check Belov	<u>w:</u>		LOCAL LICENS	ING AUTHORITY		
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)		-			
DATE:						



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LICENSE NUMBER: 066400008		CITY OR TOWN	MAKSHFIELD
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MARSHFIELD DOING BUSINESS A ADDRESS 655 MAIN ST.	VFW INC.		
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE:	02050
, ,	YPE OF LICENSE: V	eterans club (CATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREM	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
TWO LEVEL BLDG WITH PICNIC AT TWO RESTROOMS ON STREET LE LOWER LEVEL. ENTRANCE TO STREAR ENTRANCE TO LOWER LEVEL	VEL. STORAGE,OF TREET FLOOR ON S	FICE,REC ROOM A	AND LOUNGE ON
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	* *	•	
2. the licensee has complied w		•	to taxes; and
3. the premises are now open f	or business (If not exp	plain below)	
SIGNED BY Individual, Parti	ner or Authorized Cor	porate Officer	
DATE: TELEPHO	ONE NUMBER:		ER IDENTIFICATION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the he	ad of the fire depar	tment for the above
Please Check Below:		LOCAL LICEN	ISING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 066400010		CITY OR TOWN	MAKSHFII	CLD
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: MARSHFIEL	D COUNTRY CLUB			
DOING BUSINESS A MARSHFIE	LD COUNTRY CLUB			
ADDRESS 515 MORAINE ST.				
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: YOUNG, JENINE A	.TYPE OF LICENSE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF LICENSED PR	EMISES:			
IST THROUGH 11TH HOLES AN MARSHFIELD COUNTRY CLUB, ROOM. DOWNSTARS LOUNGE A	BAR & GRILLE ROOM/	PORTABLE PAR	IN FUNCTIO	
FUNTION ROOM; KITCHEN, ON AND FIRST TEE AREA.		* The state of the		* * * * * * * * * * * * * * * * * * *
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will b	be of the same type for the	same premises nov	v licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating	to taxes; and	
3. the premises are now ope	n for business (If not expla	in below)		
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer		
DATE: TELEP!	HONE NUMBER:		R IDENTIFICAT	
		(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	g inspector and the head	of the fire depart	tment for the	above
Please Check Below: APPROVED:		LOCAL LICEN By:	SING AUTHO	ORITY
DISAPPROVED:		<i>Dy</i> .		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 066400012		CITY OR TOWN	MARSHFII	ELD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: VENUS II BROS. L	LC			
DOING BUSINESS	S A VENUS II Bros				
ADDRESS 277 OC	EAN ST.				
CITY/TOWN: MA	ARSHFIELD	STATE: MA	ZIP CODE:	02020	
	OSOPOULOS, TYPE EPHEN	E OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS		1
DESCRIPTION OF	F LICENSED PREMISE	ES:			
	ATCHEN AND STOCE or; function room and two			A TWO STO	RY
I hereby certify and	swear under penalties of	of perjury that:			
	wed license will be of th		=		
	see has complied with a		e	to taxes; and	
3. the prem	nises are now open for b	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner o	or Authorized Corr	orata Officar		
	marviduar, i artifer o	7 Addionzed Corp	orate officer		
DATE:	TELEDIONE	MANDED	EMDI OVEI	R IDENTIFICAT	ION NI IMBED
211121	TELEPHONE	NUMBER:		dividual Social S	
Acts of 2004, signe	ed, attest that we are in ed by the building insp I (2) the certificate of li	ector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	<u> </u>		By:		
DISAPPROVED:					
(If disapproved exp	laın)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400015		CITY OR TOWN	MARSHFII	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: B.P. PRODUCTION	ONS, INC.			
DOING BUSINESS A THE ROADHOU	JSE			
ADDRESS 1140 OCEAN ST.				
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: CROFT, KRISTIN TY	PE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI ONE FLOOR, FOUR ROOMS, CELLAI I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	R FOR STORAGE s of perjury that: the same type for the h all laws of the Com	e same premises now amonwealth relating to lain below)		
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the hea	nd of the fire departr urance required by (nent for the Chapter 116	above of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	₹: 066400016		CIT	Y OR TOWN	MARSHFII	ELD	
APPLICATION FOR	R RENEWAL:	Annu	al	LICENSED FOR 2013			
		CLAS	SS			YEAR	
LICENSEE NAME:	MARSHFIELD I	LODGE OF ELI	KS #2494,IN	IC.			
DOING BUSINESS	A MARSHFIELD	LODGE OF EI	LKS #2494				
ADDRESS 1321 OC	CEAN ST.						
CITY/TOWN: MA	RSHFIELD	STATE:	MA	ZIP CODE:	02050		
MANAGER: WHI	TE, JOHN J. T	YPE OF LICEN	SE:Club	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL A	DDRESS			
DESCRIPTION OF	LICENSED PREM	IISES:					
FIRST FLOOR, 4 ROOMS. 2ND FLR; STORAGE						ORAGE	
I hereby certify and s	swear under penalti	es of perjury tha	t:				
1. the renew	red license will be o	of the same type	for the same	e premises now	licensed;		
2. the license	ee has complied wi	th all laws of the	e Commonw	ealth relating t	o taxes; and		
3. the premi	ses are now open for	or business (If no	ot explain be	elow)			
SIGNED BY				0.00			
	Individual, Partn	er or Authorized	l Corporate	Officer			
DATE:							
DATE:	TELEPHO	NE NUMBER:			R IDENTIFICAT: dividual Social So		
				(****** <u>=.e.</u> m	ar vidual Boeiar Bo	cearity (vaniser)	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building i	inspector and th	ne head of t	he fire depart	ment for the	above	
Please Check Below:			LO	OCAL LICENS	SING AUTHO	ORITY	
APPROVED:			Ву	y :			
DISAPPROVED:							
(If disapproved expla	ain)		_				
			_				
DATE:			_				
			_				



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LICENSE NUMBE	R: 066400017		CITY OR TOW	N MARSHFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	BONNIE PARKER'S A RAFFERTY'S PUB				
ADDRESS 1939 OC					
CITY/TOWN: MA	RSHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: GIB MIC	BONS, TYPE CHAEL J.	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		
	LICENSED PREMISE				
	T FLOOR FOR LIQUO Y EXIT ON OCEAN ST		ILY. MAIN ENTR	ANCE ON SN	OW RD
 the renew the licens 	swear under penalties of wed license will be of the see has complied with al ises are now open for bu	e same type for the l laws of the Com	monwealth relating		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lic	ector and the hea	d of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:			-		



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LICENSE NU	MBER: 066400018		CITY	OR TOWN	MARSHFI	ELD
APPLICATIO	N FOR RENEWAL:	Annua	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NA	AME: OCEAN CAFE	E INC.				
DOING BUSI	NESS A HADDAD'S	OCEAN CAFÉ				
ADDRESS 29	1 OCEAN STREET					
CITY/TOWN:	MARSHFIELD	STATE:	MA ZII	P CODE:	02020	
MANAGER:	HADDAD, CHARLES R.	TYPE OF LICENS	SE: Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:	-				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADDR	RESS		_
	N OF LICENSED PRE					
	R; 2 ROOMS AND ON NCES FROM OCEAN				FOR STORA	AGE.
I hereby certify	y and swear under pena	lties of perjury tha	t:			
•	renewed license will be			remises now	licensed;	
	licensee has complied	• •	-			
	premises are now open			_		
	1	`				
SIGNED BY						
5101(25 51	Individual, Par	rtner or Authorized	Corporate Off	ficer		
DATE:	TELEPH	HONE NUMBER:		EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(1)	Note: NOT Inc	lividual Social S	Security Number)
Acts of 2004,	rsigned, attest that we signed by the building e and (2) the certificat	g inspector and th	e head of the	fire depart	ment for the	above
Please Check Belo			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVI						
(If disapproved	d explain)					
DATE:						



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LICENSE NUMBER: 066400019		CITY OR TOWN	MARSHFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: CAFE DISCH, INC.				
DOING BUSINESS A FAIRVIEW INN				
ADDRESS 133 OCEAN STREET				
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE:	02020	
MANAGER: DISCH, PAUL G. TYPE	OF LICENSE: Innl	nolder (CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTION OF LICENSED PREMISE	S:			
TWO STORY WOOD FRAME BLDG. FIF ROOM, KITCHEN, LOUNGE, DECK, AND CONSINTS OF 7 ROOMS AND ONW TW	ONE HANDICAP	PED RENTAL U		OOR
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	e same type for the	same premises nov	w licensed;	
2. the licensee has complied with al		•	to taxes; and	
3. the premises are now open for bu	siness (If not expla	in below)		
SIGNED BY Individual, Partner or	· Authorized Cornor	rate Officer		
marviduai, i armei oi	Authorized Corpor	rate Officer		
DATE: TELEPHONE	NILIMDED.	EMPLOYE	ER IDENTIFICAT	ION NUMBER:
TELEPHONE	NUMBER:		ndividual Social S	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of license 2010.	ector and the head	of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		LOCAL LICEN By:	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			SING AUTHO	ORITY
APPROVED:			SING AUTHO	ORITY
APPROVED: DISAPPROVED:			SING AUTHO	ORITY



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LICENSE NUMBER: 066	9400021	•	JIY OR TOWN	MARSHFIELD
APPLICATION FOR REI	NEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: THE		TS, INC.		
ADDRESS 459 PLAIN S	T.			
CITY/TOWN: MARSHI	FIELD S'	ΓΑΤΕ: MA	ZIP CODE:	02050
MANAGER: BOURNA CHARLES	· · · · · · · · · · · · · · · · · · ·	LICENSE: Rest	nurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEASI	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICE	NSED PREMISES:			
ONE STORY BLDG, CO DECK FOR SALES AND DINING ROOM ENTRA SIDE EMERGENCY EXI	SERVICE. KITCHE NCES AND EXITS.	N,CELLAR AN	D BACK ROOM	FOR STORAGE. 2
I hereby certify and swear	under penalties of pe	rjury that:		
1. the renewed lic	cense will be of the sa	me type for the s	ame premises now	v licensed;
2. the licensee has	s complied with all la	ws of the Commo	onwealth relating	to taxes; and
3. the premises ar	e now open for busin	ess (If not explai	n below)	
SIGNED BY	lividual, Partner or Au	nthorized Corpor	ate Officer	
DATE				
DATE:	TELEPHONE NU	MBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(Note: <u>NOT</u> III	dividual Social Security Number)
Acts of 2004, signed by t	the building inspecto	r and the head	of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN: By:	SING AUTHORITY



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LICENSE NUMBER:	.066400022		CITY OR	TOWN	MARSHFI	ELD
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CHINESE RE	EST. CORPORATION				
DOING BUSINESS A	A MING DYN	ASTY				
ADDRESS 752 PLAI	N ST.					
CITY/TOWN: MAR	SHFIELD	STATE: M	IA ZIP C	ODE:	02050	
MANAGER: WON	G, HENRY	TYPE OF LICENSE:	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS			
DESCRIPTION OF L						
DINING ROOM, LOU STORAGE ROOM IN		IEN AND RESTROOM	M ALL LOCAT	ΓED ON	GROUND L	EVEL.
I hereby certify and sv	vear under pen	alties of perjury that:				
1. the renewe	d license will b	be of the same type for	the same prem	ises now	licensed;	
2. the license	e has complied	l with all laws of the Co	ommonwealth i	relating to	o taxes; and	
3. the premise	es are now ope	en for business (If not e	explain below)			
SIGNED BY	Individual Pe	artner or Authorized Co	ornorate Office	r		
	marviduai, i c	union of Audionzed Co	orporate Office	1		
DATE:	TELED	HOME NUMBER.	F	MPI OYFR	P IDENTIFICAT	TON NUMBER:
	I ELEP.	HONE NUMBER:				Security Number)
						201.0.7
		e are in possession (1) ng inspector and the l				
		ate of liquor liability i				
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILEI	D BY LICENSEES DURING TH	HE MONTH OF NOV	/EMBER (M	I.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBEI	R: 066400024		CITY	OR TOWN	MARSHFII	ELD
APPLICATION FO	R RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NAME:	MARSHFIELD	YACHT CLUB,	INC.			
DOING BUSINESS	A					
ADDRESS 11 RIDO	E RD.					
CITY/TOWN: MA	RSHFIELD	STATE:	MA Z	IP CODE:	02050	
MANAGER: CAN	MELIO, SUE T	YPE OF LICEN	SE:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER	YOUR EMAIL ADD	DRESS		
DESCRIPTION OF	LICENSED PREM	MISES:				
EXIT AND ENTRA AT THE SIDE OF T		OF FRONT OF	BLDG AND	TWO AT TH	E REAR AN	ID ONE
I hereby certify and	swear under penalt	ies of perjury tha	t:			
	ved license will be		_	=		
	ee has complied w			_	taxes; and	
3. the premi	ses are now open f	for business (If no	ot explain belo	ow)		
SICNED DV						
SIGNED BY	Individual, Partr	ner or Authorized	l Corporate O	fficer		
DATE:	TELEPHO	ONE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			((Note: NOT Indi	ividual Social Se	ecurity Number)
We the undersigne Acts of 2004, signe named license and of 2010.	d by the building	inspector and th	ne head of the	e fire departn	nent for the	above
Please Check Below:			LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	 ain)					
(alsapproved expr	/					
DATE:						_
APPLICATION FOR RENEY	WAL MUST BE FILED B	Y LICENSEES DURIN	G THE MONTH O	F NOVEMBER (M.	G.L. Ch. 138 \$ 16	A)



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BER: 066400025		CITY OR TOWN	MARSHFIELD
FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
ME: POLCARI'S	BRIDGWAYE INN GROU	JP, LLC	
ESS A POLCARI	S BRIDGWAYE INN		
FERRY STRRT			
MARSHFIELD	STATE: MA	ZIP CODE:	02050
POLCARI, ANTHONY	TYPE OF LICENSE: Inni	holder CA	ATEGORY: All Alcohol
ESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
OF LICENSED P	REMISES:		
			orage and main
and swear under pe	nalties of perjury that:		
newed license will	be of the same type for the	same premises now	licensed;
censee has complie	d with all laws of the Comm	nonwealth relating to	taxes; and
remises are now op	en for business (If not expla	nin below)	
Individual, F	artner or Authorized Corpo	rate Officer	
TELE	PHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
gned by the build	ing inspector and the head	l of the fire departr	nent for the above
<u>:</u>		LOCAL LICENS	ING AUTHORITY
		By:	
expiain)		·	
	FOR RENEWAL: ME: POLCARI'S ESS A POLCARI'S FERRY STRT MARSHFIELD POLCARI, ANTHONY ESS: PLEASE ALSO VISIT OF LICENSED PI Fir, remodled rest cost, exit to rear parking and swear under personewed license will be ensee has complied remises are now open and success and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license has complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license will be enseen as complied remises are now open and swear under personewed license are now open and swear under person	FOR RENEWAL: CLASS ME: POLCARI'S BRIDGWAYE INN GROUNDS A POLCARI'S BRIDGWAYE INN FERRY STRRT MARSHFIELD STATE: MA POLCARI, ANTHONY SSS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR END OF LICENSED PREMISES: Fir, remodled rest consists of bar area, dining a st, exit to rear parking lot and exit in kitchen a and swear under penalties of perjury that: snewed license will be of the same type for the censee has complied with all laws of the Comm remises are now open for business (If not explain Individual, Partner or Authorized Corpo TELEPHONE NUMBER: gned, attest that we are in possession (1) the gned by the building inspector and the head and (2) the certificate of liquor liability insu Explain the process of the corporation of the corpo	FOR RENEWAL: CLASS ME: POLCARI'S BRIDGWAYE INN GROUP, LLC ESS A POLCARI'S BRIDGWAYE INN FERRY STRRT MARSHFIELD STATE: MA ZIP CODE: POLCARI, TYPE OF LICENSE: Innholder CANTHONY SSS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS OF LICENSED PREMISES: Gr., remodled rest consists of bar area, dining area, kitchen with state, exit to rear parking lot and exit in kitchen all on first floor and swear under penalties of perjury that: newed license will be of the same type for the same premises now beensee has complied with all laws of the Commonwealth relating to be emises are now open for business (If not explain below) Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER (Note: NOT Individual) gned, attest that we are in possession (1) the certificate required gned by the building inspector and the head of the fire department (2) the certificate of liquor liability insurance required by the liquor liquor liability insurance required by the liquor liqu



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LICENSE NUN	MBER: 066400026		CITY OR TOWN	MARSHFI	ELD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: MANUEL FRAN	ICIS & SON, INC.			
DOING BUSIN	NESS A GREEN HARB	OR G.C.			
ADDRESS 624	4 WEBSTER				
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE:	02050	
	FRANCIS, TY	YPE OF LICENSE:Clu	b C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:]
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	ISES:			
	O SHOP,TOURNAMENT RS OPEN OUT OF THE ΓONE SIDE				
I hereby certify	and swear under penaltic	es of perjury that:			
1. the r	renewed license will be o	f the same type for the	same premises nov	v licensed;	
2. the l	licensee has complied wi	th all laws of the Comn	nonwealth relating	to taxes; and	
3. the p	premises are now open for	or business (If not expla	in below)		
SIGNED BY	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:			EMPLOYE	D IDENTIFICAT	CION MUMBER.
DATE.	TELEPHO	NE NUMBER:		R IDENTIFICAT Idividual Social S	
Acts of 2004, s	signed, attest that we as signed by the building i and (2) the certificate o	nspector and the head	l of the fire depart	tment for the	above
Please Check Belo	ow:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		-		
					
DATE:			-		<u></u>



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	066400032		CITY OR TO	WN MARSHE	IELD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:			C.		
DOING BUSINESS A		KAGE STORE			
ADDRESS 1183 OCE					
CITY/TOWN: MAR	SHFIELD	STATE: MA	A ZIP CODE	E: 02050	
MANAGER: TEDE A.	SCHI, MARK TYP	E OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L					
ONE FLOOR CONSIS FRONT DOORS AND			AND ONE SELLI	NG ROOM WI	TH TWO
2. the licensee	d license will be of the has complied with as are now open for	all laws of the Co	mmonwealth relati		
SIGNED D1	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(II disapproved explain	·· <i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400033		CITY OR TOWN	MARSHFII	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: M. F. Liquor	Enterprises, Inc			
DOING BUSINESS A Marshfield	Liquors			
ADDRESS 1852 OCEAN STREET	•			
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: Saeed	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		-
DESCRIPTION OF LICENSED PR	REMISES:			
ONE STORY BLDG WITH ONE F ENTRANCES AND EXIT ON OCI ONLY) FROM STORAGE.CHANG PM.FRIDAY & SATURDAY 9 A	EAN ST,ONE DOOR FOR GE OF HOURS.MONDA	R RECEIVING AND Y TO THURSDAY	ONE DOOF	
I hereby certify and swear under per	nalties of perjury that:			
1. the renewed license will		e same premises now	licensed;	
2. the licensee has complied	d with all laws of the Com	monwealth relating to	o taxes; and	
3. the premises are now ope	en for business (If not exp	lain below)		
SIGNED BY				
Individual, P	artner or Authorized Corp	orate Officer		
D. 4.000				
DATE: TELEF	PHONE NUMBER:		R IDENTIFICAT	
		(Note: NOT Ind	iividuai Sociai S	ecurity Number)
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	066400035		CITY OR TOW	N MARSHI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 555 OCE.	AN STREET				
CITY/TOWN: MAR	SHFIELD	STATE: MA	ZIP CODE:	02065	
MANAGER: PATE	L,RASHMI J. TY	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	ISES:			
ONE STORY BLDG: EXIT AT REAR	1ST FLR; SALES	AND RECEIVING	ROOMS. BASEM	IENT FOR STO	ORAGE.
	es are now open for	h all laws of the Com r business (If not exp	lain below)	g to taxes; and	
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Please Check Below: APPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: (If disapproved explain	 n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	066400036		CITY OR TOWN	MARSHFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A		ICHARDS, INC			
ADDRESS 700 PLAI					
CITY/TOWN: MAR	SHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: CORE J JR	Y, DONALD TYPE (OF LICENSE: Pa	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	:			
ENTRANCE AND EX	ING 8000 + SQ FT FO KIT, DELIVERY AND CONT OF BLDG, ONE	LOADING AR	EA AT REAR OF P	REMISES FO)R
2. the license	d license will be of the e has complied with all es are now open for bus	laws of the Com	monwealth relating		
SIGNED BY	Individual, Partner or A	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 066400037	CITY OR TOWN MARSHFIELD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: S.A.T.H, ENTERPRISES, INC	
DOING BUSINESS A NORTH RIVER BEVERAGE	
ADDRESS SEA & FERRY STS	
CITY/TOWN: MARSHFIELD STATE: MA	ZIP CODE: 02050
MANAGER: HERZOG, JAYNE TYPE OF LICENSE:	Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FLOOR WITH TWO ROOMS AND FULL CELLAR; STORAGE, ONE ROOM FOR RETAIL SALES. ACCESS AND LEFT REAR OF BUILDING FOR DELIVERIES	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	ne same premises now licensed;
2. the licensee has complied with all laws of the Cor	nmonwealth relating to taxes; and
3. the premises are now open for business (If not ex	plain below)
SIGNED BY	0.00
Individual, Partner or Authorized Cor	porate Officer
DATE: TELEPHONE NUMBER.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
	•
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	Ву:
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	066400041		CITY OR TOV	WN MARSHF	IELD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		BOARD			
ADDRESS 29 MAIN	STREET				
CITY/TOWN: MAR	SHFIELD	STATE: MA	ZIP CODE	2: 02050	
MANAGER: PATE M.	L, CHETAN TYPE	OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
DESCRIPTION OF L					
ONE STORY WOOD SECTION AND SIDE				'AIL SALES, RI	EAR
-					
2. the licensee	d license will be of the e has complied with all es are now open for bu	l laws of the Con	nmonwealth relati		
SIGNED BY	Individual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE I	NUMBER:		OYER IDENTIFICA Individual Social:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400044		CITY OR TOWN	MARSHFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: FIELDSTON, INC.				
DOING BUSINESS A THE FIELDSTON	1			
ADDRESS 882 OCEAN STREET				
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: PERRIN, JAN S. TYP	E OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS ONE FLOOR DINING ROOM, KITCHEI	ES:			-
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of the	• •	-		
2. the licensee has complied with		U	o taxes; and	
3. the premises are now open for b	ousiness (If not expla	in below)		
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspanmed license and (2) the certificate of 2010.	pector and the head	of the fire departs	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiaiii)				
DATE:		-		



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LICENSE NUMBER:	066400046		CITY OR TOWN	MARSHFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	GREEN HARBO	R YACHT CLUB, IN	C		
DOING BUSINESS A					
ADDRESS DYKE RD					
CITY/TOWN: MARS	SHFIELD	STATE: MA	ZIP CODE:	02050	
MANAGER: LYNN	, COLLEEN TY	PE OF LICENSE: Cl	ub C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI THREE ROOMS ON			S AND 2 DATHS C	NI SECOND I	EI OOD
			——————————————————————————————————————		LOOK
	1 10				
I hereby certify and sw	-	es of perjury that: f the same type for the	seme promises nov	y licensed:	
		the same type for the change in all laws of the Com	-		
	•	or business (If not expl	· ·	to taxes, and	
SIGNED BY					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:					
DATE:	TELEPHO!	NE NUMBER:		R IDENTIFICAT adividual Social S	
We the undersigned, Acts of 2004, signed 1					
named license and (2					
of 2010.					
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:	7		By:		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 066400051		CITY OR TOWN	MARSHFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		HABEL RBOR GENERAL STO	ORE	
ADDRESS 40 MAR	RGINAL ST			
CITY/TOWN: MA		STATE: M	A ZIP CODE:	02041
MANAGER: HAE W.	BEL, ROBERT	TYPE OF LICENSE:	Package Store C.	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
ST. LOADING DO APPROX 600 SQ F I hereby certify and 1. the renew 2. the licens	OR AT REAR F T AT SOUTH E swear under pen wed license will be see has complied	RS AT BOTH ENDS OF ACING EAST LOCA'END OF BLDG. INTER- alties of perjury that: pe of the same type for a with all laws of the Country for business (If not ex-	TED AT SOUTH END RIOR FOR PACKAGE the same premises now ommonwealth relating to	OF BLDG. GOODS licensed;
SIGNED BY	Individual, Pa	artner or Authorized Co	rporate Officer	
DATE:	TELEP!	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 000400055		CITY OR TOWN MARSI	HEIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
	AME: SILKY'S IN NESS A RICKY'S I			
ADDRESS 180	04 OCEAN ST			
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE: 02050	
MANAGER:	SINGH, BALJINDER	TYPE OF LICENSE:Pa	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
FIRST FLOOF	R CONVENIENCE S	STORE, ONE OFFICE AN	ND TWO ROOMS FOR STOR	RAGE
	premises are now op	en for business (If not expenses of the control of		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Belo	<u>DW:</u>		LOCAL LICENSING AU	THORITY
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400	058	CITY OR TOWN	MARSHFIELD
APPLICATION FOR RENEV	VAL: Annua	LICENS	SED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: SAJJA	N ENTERPRISES LLC		
DOING BUSINESS A BRAN	NT ROCK PACKAGE & V	ARIETY STORE	
ADDRESS 25 DYKE ROAD			
CITY/TOWN: MARSHFIEI	D STATE:	MA ZIP CODE:	02050
MANAGER: SAJJAN, DEF	BRA H. TYPE OF LICENS.	E: Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
SINGLE STORY RETAIL BY WITH APPROX. 2000 PLUS		OOR ON DYKE ROAD	(ROUTE 139)
	mplied with all laws of the own open for business (If not	=	o taxes; and
SIGNED BY Individ	ual, Partner or Authorized	Corporate Officer	
DATE: 1	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 066400059	'	CITY OR TOWN MARSHFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: NORTHEAST H		LLC
ADDRESS 804 PLAIN STREET		
CITY/TOWN: MARSHFIELD	STATE: MA	ZIP CODE: 02050
MANAGER: VAN FLEET, T DANA W.	YPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	IISES:	
	RESTAURANT ONLY.	ASONAL PATIOS WITH ENCLOSED FOOD & ALCOHOL TO BE SERVED CES, REAR STORAGE AND
I hereby certify and swear under penalti	ies of perjury that:	
1. the renewed license will be	of the same type for the s	ame premises now licensed;
2. the licensee has complied w	ith all laws of the Comme	onwealth relating to taxes; and
3. the premises are now open f	or business (If not explai	n below)
SIGNED BY Individual, Partr	ner or Authorized Corpor	ate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
•		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	066400060		CITY OR TOWN	MARSHFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ROBERT W. HA	ABEL			
DOING BUSINESS A	GREEN HARB	OR GENERAL STO	ORE		
ADDRESS 40 MARC	GINAL STREET				
CITY/TOWN: MAR	SHFIELD	STATE: MA	ZIP CODE:	02041	
MANAGER: HABE W.	L, ROBERT T	YPE OF LICENSE: F	Cackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	IISES:			
APPROX. 2000 SQ I STREET. LOADING APPROX 600 SQ FT.	DOOR AT REAL	R FACING EAST LO		END BLDG	
I hereby certify and sw	ear under penalti	es of perjury that:			
1. the renewed	d license will be o	of the same type for the	ne same premises now	licensed;	
2. the licensee	e has complied wi	th all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the premise	es are now open fo	or business (If not ex	plain below)		
SIGNED BY					
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ODITV
APPROVED:			By:	onio Au i i	OKII I
DISAPPROVED:			By.		
(If disapproved explain	n)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 066400063		CITY OR TOWN MARSHFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
	AME: P&JV OF MAI		
ADDRESS 93	CARESWELL STREE	ET	
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE: 02050
MANAGER:	VISCAVIELLO, GINA	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTIO	N OF LICENSED PRE	EMISES:	
SEATS 60 W/		SS. THREE EXITS. AL	ICHEN, DINING ROOM WHICH COHOL STORED IN LOCKED ROOM
_	y and swear under pena	lties of periury that:	
	•	1 0 0	same premises now licensed;
		* *	nonwealth relating to taxes; and
	-	for business (If not expla	· ·
		· · · · · · · · · · · · · · · · · · ·	
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI			
(If disapproved	d explain)		
DATE:			
DATE.			



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LICENSE NUMBER	: 066400065		CITY OR TOWN MAR	SHFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	EAT IT ALL INC.			
DOING BUSINESS A	A PACINIS ITALIA	AN EATERY		
ADDRESS 1810 OCI	EAN ST.			
CITY/TOWN: MAR	SHFIELD	STATE: MA	ZIP CODE: 0205	0
	KAETEDES,K TYF ANTINOS	PE OF LICENSE: Res	staurant CATEGO	DRY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
FREE STANDING O RESTAURANT, KIT			DE ENTRANCES AND EX	ITS.
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	d license will be of	the same type for the	same premises now license	d;
2. the license	e has complied with	all laws of the Comr	nonwealth relating to taxes;	and
3. the premis	es are now open for	business (If not explain	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:			EMBLOWED IDENTIFIE	EIGATION NUMBER
DATE.	TELEPHON	E NUMBER:	(Note: NOT Individual S	FICATION NUMBER: ocial Security Number)
			· —	,
Acts of 2004, signed	by the building ins	spector and the head	e certificate required by C I of the fire department fo	r the above
named license and (a of 2010.	2) the certificate of	liquor liability insu	rance required by Chapte	er 116 of the Acts
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	00400008		CITY OR I	IOWN MAKS	HLIELD	
APPLICATION FOR R	ENEWAL:	Annual		LICENSED FO	R 2013	
		CLASS			YEAR	
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 165 PROSE			LLC			
CITY/TOWN: MARS	HFIELD	STATE: N	IA ZIP CO	DE: 02051		
MANAGER: VIVAD	O,CAROL	TYPE OF LICENSE	:Package Store	CATEGO	RY: Wine and Malt Regular	
EMAIL ADDRESS:						
PLE DESCRIPTION OF LIG		UR WEBSITE AND ENTER YOU EMISES:	UR EMAIL ADDRESS			
2. the licensee 3. the premises SIGNED BY	license will be has complied are now open	e of the same type for with all laws of the C for business (If not e	ommonwealth re explain below)			
1	naividuai, Pai	tner or Authorized C	orporate Officer			
DATE:	TELEPH	IONE NUMBER:			ICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	,		LOCAL I By:	LICENSING AU	THORITY	
DATE:						



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LICENSE NUMBER	:066400070		CITYO	RIOWN	MAKSHI	ELD
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	E & M Marshf	ield Famous,Inc				
DOING BUSINESS A	A MARSHFIEI	LD FAMOUS PIZZA				
ADDRESS 1941 OCI	EAN STREET					
CITY/TOWN: MAR	SHFIELD	STATE: M	A ZIP	CODE:	02050	
MANAGER: Maille	oux, Julie	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
F	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRES	SS		_
DESCRIPTION OF I						
KITCHEN, DINING EXIT AT REAR OF 1		AREA, 2 RESTROON	IS AND AN	ENTRAN	ICE ON OCE	EAN ST.
2. the license	ed license will be e has complied es are now open	lties of perjury that: e of the same type for the same type for the with all laws of the Conformation for business (If not extract or Authorized Conformation).	mmonwealth	relating t		
DATE:				EMDLOVEI) IDENTIFICAT	FION NI IMPED.
DATE.	TELEPH	IONE NUMBER:				FION NUMBER: Security Number)
Acts of 2004, signed	by the building	are in possession (1) g inspector and the h te of liquor liability in	ead of the fi	re depart	ment for the	above
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	in)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 066400073		CITY OR I	OWN MARSHI	ELD
APPLICATION FOR	R RENEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PIZZINGS MA	RSHFIELD INC.			
DOING BUSINESS	A PIZZINGS				
ADDRESS 1840 OC	EAN STREET				
CITY/TOWN: MAI	RSHFIELD	STATE: MA	ZIP CO	DE: 02050	
MANAGER: KESA	ARIS, JOHN	ГҮРЕ OF LICENSE: <mark>R</mark>	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-		-	
]	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:			
	REAR EXITS,	AREAS, BAR AREA, I SECOND FLOOR STO UP PLASTIC SIDES			
I hereby certify and s	wear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for the	e same premis	es now licensed;	
2. the license	ee has complied v	with all laws of the Con	nmonwealth re	lating to taxes; and	
3. the premis	ses are now open	for business (If not exp	olain below)		
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	ONE NUMBER:		PLOYER IDENTIFICAT	
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the hea e of liquor liability ins	ad of the fire o	department for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	:>				
(If disapproved expla	III <i>)</i>				
DATE:					



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LICENSE NUMBER: 06640	0074	CITY OR TOWN MARSHF	IELD
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: HE SI	HENG, INC.		
DOING BUSINESS A AO	YAMA JAPANESE CUISINES	\$	
ADDRESS WEBSTER SQU	JARE, SNOW ROAD		
CITY/TOWN: MARSHFIE	ELD STATE: M	A ZIP CODE: 02050	
MANAGER: RONG, DEE HW	BBIE TYPE OF LICENSE:	Restaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
		E ENTRANCE AND THREE EXIT	•
2. the licensee has compared as the premises are substituted as the substitute of th	omplied with all laws of the Conow open for business (If not ex		
Indiv	idual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed by the	e building inspector and the h	the certificate required by Chap ead of the fire department for the asurance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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LICENSE NUMBE	R: 066400075		CITY OR T	OWN	MARSHFI	ELD
APPLICATION FO	R RENEWAL:	: Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: Mandarin &	Tokyo, LLC				
DOING BUSINESS	S A Mandarin	Гокуо				
ADDRESS 43 CAR	ESWELL ST					
CITY/TOWN: MA	ARSHFIELD	STATE: M	A ZIP CO	DE:	02050	
MANAGER: Lin,	Yin Ping	TYPE OF LICENSE:	Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED P	REMISES:				
first floor dining roo	om and rear stor	rage area, side entrance a	and emergency r	ear exit		
I hereby certify and	swear under pe	enalties of perjury that:				
1. the renev	wed license will	l be of the same type for t	the same premis	ses now	licensed;	
2. the licen	see has complie	ed with all laws of the Co	ommonwealth re	lating to	taxes; and	
3. the prem	ises are now op	pen for business (If not ex	xplain below)			
SIGNED BY	Individual, I	Partner or Authorized Co	orporate Officer			
DATE:	TELE	PHONE NUMBER:	EM	PLOYER	DENTIFICAT	ΓΙΟΝ NUMBER:
			(Note:]	NOT Ind	ividual Social S	Security Number)
Acts of 2004, signe	ed by the build	we are in possession (1) ling inspector and the h cate of liquor liability in	ead of the fire	departı	nent for the	above
Please Check Below:			LOCAL I	LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	1 - 1 - 1					
(If disapproved expl	iain)					
			-			
DATE:						
APPLICATION FOR RENE	WAL MUST BE FIL	ED BY LICENSEES DURING TH	E MONTH OF NOVE	MBER (M	.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	:000400076		CITY OR TO	JWN MARSH	IFIELD
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	Max & Freida's, Inc	2			
DOING BUSINESS	A Hola				
ADDRESS 1849 Oce	ean St				
CITY/TOWN: MAF	RSHFIELD	STATE: MA	ZIP COD	DE: 02050	
MANAGER: Booth Ann S		PE OF LICENSE: Re	estaurant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
ONE MEN); BAR A STORAGE/ WALK- FRONT OF BUILD! Lhoroby cortify and s	IN REFRIGERATIONG; SECONDARY	ON ROOM; OFFICE EGRASS AT REAL	E; PRIMARY E	ENTRY/RGRAS	
hereby certify and s	-			a novelioonaade	
	ed license will be of the has complied with	• •			ud
	ses are now open for			ting to taxes, an	id
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFIC OT Individual Socia	
			(110te. <u>11</u>	<u>91</u> Ilidividuai 500ia	ar Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and the hea	d of the fire d	epartment for t	he above
Please Check Below:			LOCAL LI	CENSING AUT	HORITY
APPROVED:			By:	2 -	
DISAPPROVED:					
If disapproved expla	ın)				
DATE:					
JAIE.					



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LICENSE NUI	MBER: 066400077		CITY OR TOWN	MARSHFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: TAVERN ON TH	IE GREEN, LLC		
DOING BUSI	NESS A MARSHFIELD	TAVERN		
ADDRESS 1 V	VILLAGE GREEN WAY			
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE:	02050
MANAGER:	LAST, JR. TY WILLIAM F.	YPE OF LICENSE: Re	staurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	ISES:		
OUTDOOR D	RESTAURANT CONSIS INING patio STORAGE E BAR AREA AND FR (ON FIRST F LOOR,		
I hereby certify	and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	f the same type for the	e same premises now	licensed;
2. the	licensee has complied with	th all laws of the Com	monwealth relating to	o taxes; and
3. the	premises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:			EMBLOWED	A IDENTIFICATION NUMBER
DATE.	TELEPHO	NE NUMBER:		LIDENTIFICATION NUMBER: lividual Social Security Number)
				Tridual Social Security Trainises)
Acts of 2004,	rsigned, attest that we an signed by the building it e and (2) the certificate of	nspector and the hea	d of the fire departı	
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	d explain)			
			-	
DATE:				



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LICENSE NUMI	BER: 066400079		CITY OR TOWN MARSHFIELD			
APPLICATION :	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAN	ME: GWCC LLC					
DOING BUSINE	ESS A THE DECK	ON GREEN HARBOR				
ADDRESS 239 I	DYKE ROAD					
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE	02050		
	VOLAN, ANDREW B.	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol	
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_	
	OF LICENSED PRE					
MAIN ENTRAN	ICE ON THE SOUT	DING AN EXTERIOR (TH SIDE AND EMERGI ORAGE ON THE LOW	ENCY EXITS ON	THE WEST A		
I hereby certify a	nd swear under pena	ulties of perjury that:				
1. the real	newed license will be	e of the same type for the	e same premises n	ow licensed;		
2. the lic	ensee has complied	with all laws of the Com	monwealth relation	ng to taxes; and		
3. the pr	emises are now open	n for business (If not exp	lain below)			
SIGNED BY	Individual, Par	rtner or Authorized Corp	oorate Officer			
DATE:			El fill o	WED IDENTIFICATI	TOWN HAMPED	
DATE.	TELEPH	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, sig	gned by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability ins	d of the fire dep	artment for the	above	
Please Check Below:	<u>:</u>		LOCAL LICE	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED						
(If disapproved e	xplain)					
DATE:						
····.						



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LICENSE NUMBER:	066400080		CITY OR TOWN	MARSHFII	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 278 OCEA	THE BAILEY	BS, INC			
		CTATE. MA	ZIP CODE:	02050	
CITY/TOWN: MAR		STATE: MA		02050	
MANAGER: BAILE	EY, WILLIAM TYPE	E OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
TWO STORY BLDG RESTROOMS ON FII STORAGE ON 2ND I	WITH RESTAURAL	NT, BAR, KITCH			
I hereby certify and sw	vear under penalties o	f perjury that:			
2. the licensee	d license will be of the has complied with a es are now open for b	ll laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:			
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 066400081		CITY OR TOWN	MARSHFIELD		
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NA	AME: RBSBW INC					
DOING BUSIN	NESS A ROCHE BR	OS. SUPERMARKETS				
ADDRESS 605	5 PLAIN STREET					
CITY/TOWN:	MARSHFIELD	STATE: MA	ZIP CODE:	02050		
MANAGER:	MYERS, JAMES FRANCIS	TYPE OF LICENSE: P	ackage Store Ca	ATEGORY: Wine and Malt Regular		
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION	N OF LICENSED PR	EMISES:				
THE FRONT O	OF BUILDINGLOA	NINE37358 SQ FT SA DING DOCK ENTRAN ON RIGHT SIDE OF E	ICE/EXIT AT REAR			
I hereby certify	and swear under pen	alties of perjury that:				
1. the 1	renewed license will l	be of the same type for the	ne same premises now	licensed;		
2. the l	licensee has complied	with all laws of the Cor	nmonwealth relating to	o taxes; and		
3. the 1	premises are now ope	n for business (If not exp	plain below)			
SIGNED BY						
	Individual, Pa	artner or Authorized Cor	porate Officer			
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
			(Note: NOT Ind	lividual Social Security Number)		
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY		
APPROVED:			By:			
DISAPPROVE	ED:		J.			
(If disapproved	explain)					
DATE.						
DATE:						